F190001668

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



400322979844

02/07/19--01004--001 **650.00

81/10/19--01803--803 **70.80

9819 JAN -9 A 5: 53



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: CASAMANCE, INC. Ref. Number: W19000002761

Plase allow for initial file date

We have received your document for CASAMANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

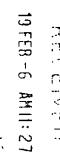
Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 919A00000704



SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/9/2019		
		*WALK IN**
ENTITY NAME_	CASAMANCE, INC	·····
DOCUMENT NU	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
*	Plain Copy	
	Certified Copy Certificate of Status	, 1
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	1
	Certified Copy of Arts & Amendments Certificate of Good Standing	1 1
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DE NUMBER OF CER	ESTINATION	
TOTAL OWED_	70.00 CHECK # 5635	
Please call Tin	na at the above number for any issues or concerns. Thank you so muc	ch!

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

G-31		nie adopted for the purpose of transacting business in Florida) 26-0588666
07/11/2002	y under the law of which it is incorporated)	
(Date November 1, 20	·	5. (Date of direction, if other than perpetual)
 		ss in Plorida, if prior to registration) 7.1502, F.S., to determine penalty liability)
0-34 44th Drive	, Long Island City, NY 1101	
	(Pri	ncipal office address)
	·	<u></u>
	(Current nu	ailing address, if different)
Name and stree	et address of Florida registered agent: ((P.O. Box NOT accentable)
Name:	NRAI Services, Inc.	,
	1200 South Pine Island Road	
fice Address:	1200 South Pine Island Road	
	Plantation	33324 (Zip code)
	(City)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS MATHIEU DERVILLE Chairman: 2 rue D'HEM, WILLEMS, 59780 FRANCE Vice Chairman: ___ Address: ____ Director: _ Director: B. OFFICERS RAPHAEL MOTTE President: 2 rue D'HEM, WILLEMS, 59780 FRANCE Address: Vice President: PHILIPPE C. M. MANTEAU 345 Park Avenue, New York, NY 10154

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. RAPHAEL MOTTE - President

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)

MATHIEU DERVILLE

2 rue D'HEM, WILLEMS, 59780 FRANCE

Treasurer:

Address: ____

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CASAMANCE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASAMANCE, INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Authentication: 202042348

Date: 01-08-19

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